

<b>Case Number:</b>	CM13-0009096		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 56 year old female who was injured on 4/4/12. She was diagnosed a crush injury of the right arm and later with right shoulder joint pain/impingement/rotator cuff tear/weakness, cervical strain, ulnar nerve neuritis, and upper back strain. She was treated with surgery (shoulder), physical therapy, steroid injections, chiropractor visits, and oral medications. Just prior to 11/14/2012, the worker reported pain in her abdomen and was recommended to stop Motrin use and see her primary care doctor if it persisted, and was diagnosed with stomach disease and ulcerative disease. The worker was prescribed Prilosec, Tizanidine, and Tramadol. The Tramadol was then stopped on 5/2/2013 as it was suspected to be contributing to her abdominal/chest pain. On 5/14/13 an ultrasound was performed to evaluate her persistent abdominal pain which only revealed fatty liver and no other abnormalities. On 6/4/13 the worker was seen by a second internal medicine physician addressing her persistent abdominal/chest pain which was thought of as acid reflux that was also affecting her sleep negatively. Blood work was performed and revealed elevated liver enzymes. Physical examination revealed tenderness to palpation of the abdomen, and was recommended Dexilant and Gaviscon and a low acid diet. She was then referred to a gastroenterologist to "rule out ulcer/anatomical alteration."

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**GASTROENTEROLOGY CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127, 156.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Ch. 7, p. 127, 156.

**Decision rationale:** The MTUS ACOEM Guidelines state that the primary treating physician may refer to other specialists if a diagnosis is uncertain or extremely complex and may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In the case of this worker, her symptoms suggest a possible peptic ulcer, although liver disease cannot be ruled out, but would warrant at least a consultation with a gastroenterologist for a possible endoscopy to confirm and treat the correct diagnosis if needed. The worker has not reported that using acid-reducing medication is helping. She had stopped her NSAID many months prior to this request but continued to have persistent abdominal pain. No medications that she had been continuing after this (opioids, muscle relaxants) are associated with peptic ulcer disease or gastritis. Although the referral is appropriate, it is not yet clear as to whether her abdominal pain is directly or indirectly due to her primary injury or the medications to treat this injury. Until this is clarified, the gastroenterologist referral covered under worker's compensation, is not medically necessary.